

Please complete if you have any information and communication needs:

- Deaf or hearing impaired
- Blind/Sight impaired
- Have a learning disability
- Need an interpreter for consultations

Please write below if you need any assistance from us which may benefit your care for example communication methods/contact methods:

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Are you a Carer YES /NO If yes, who do you care for

Relationship to you

We are establishing a register of Carers within the practice in order that we can offer support and information. Please complete a Carers Register form at reception.

Please give details of your

Height.....Weight.....

ALCOHOL: YES/NO

How many glasses of wine Do you drink in an average week

Spirits Do you drink in an average week

Pints BeerDo you drink in an average week

If none are you completely teetotal Yes/No

SMOKING – Please tick

Never Ex-Smoker-date stopped Current Smoker

If current smoker is this cigarettes/cigars/pipe

Number per day.....

If you are currently a smoker and would like help to stop smoking, please make an appointment with our practice nurse for smoking cessation advice/treatment.

ALLERGIES

Are you allergic to anything? Yes/No
In particular medication/dressings etc and what reaction do you have to it.

Details if applicable.....
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All our patients have an accountable GP who will be responsible for your overall care. If you are unsure who this is please ask next time you visit the surgery.

The practice does Electronic prescriptions, if you have a choice of pharmacy for your Electronic prescription please let us know the name of the chemist and address below:

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Thank you for completing this questionnaire. Please use the space below if needed for any further information.